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## BIB DATA SHEET

CONFIRMATION NO. 3114

<b>SERIAL NUMBER</b> 10/561,929	<b>FILING or 371(c) DATE</b> 06/02/2006 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> USF-202TXC1	
<b>APPLICANTS</b> Joseph Allen Knight, Palm Harbor, FL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/21046 06/28/2004 which claims benefit of 60/483,035 06/27/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/18/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SUZETTE JAIMIE J GHERBI/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> SALIWANCHIK LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION PO BOX 142950 GAINESVILLE, FL 32614-2950 UNITED STATES					
<b>TITLE</b> Vascular prosthesis					
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		